**Alleghany County Schools**

**Academically Gifted Program**

**Consent for Evaluation**

Date Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Returned \_\_\_\_/\_\_\_\_/\_\_\_\_

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child is being considered for possible placement in the Academically Gifted Program. School personnel have recognized the need for more information on your child. The proposed screenings, evaluation(s), or review by qualified personnel will help determine his/her strengths and weaknesses and eligibility for a differentiated plan in the Academically Gifted Program.

If you have questions, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Area Information**

* Educational Group/individual assessments; achievement

tests; observation

* Intellectual Group or individual intelligence test
* Social Appraisal Social, personal, behavioral, and

developmental history

* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Check One and Sign**

\_\_\_\_\_\_ **Yes, I give permission for my child to receive evaluation services. I have received a copy of the Procedures Regarding Academically Gifted Identification and Services. (attached)**

\_\_\_\_\_\_ **No, I do not give permission for my child to receive evaluation services. I have**

**received a copy of the Procedures Regarding Academically Gifted Identification and Services. (attached)**

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Name Date Relationship